

Annex IV:  
Madison County Public Health

**Pandemic  
Influenza  
Response  
Plan**

Draft  
12/8/04

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## APPENDICES

Appendix A : Madison County Mass Care Sites and Mass Clinic Sites

Appendix B: Madison County Hospital & Other Facilities Statistics

## **I. PURPOSE**

The purpose of this plan developed by the Madison County Public Health Department is to provide a framework for local private and public health care, EMS and medical officials to work together to reduce the influenza morbidity, mortality, and social disruption which would result from a pandemic influenza outbreak. The Plan is a dynamic document that will be periodically updated to reflect new developments in the understanding of the influenza virus, its spread, treatment, and prevention. The Plan will also incorporate changes, as necessary, in response roles, and improvements in response capability development through ongoing planning efforts.

## **II. SITUATION AND ASSUMPTIONS:**

- A. An influenza pandemic in Madison County will present a massive test of any emergency preparedness system. Advance planning for Madison County's emergency response could save lives and prevent substantial economic loss.
- B. Although pandemic influenza strains have emerged mostly from areas of Eastern Asia, variants with pandemic potential could emerge in Madison County or elsewhere in the United States.
- C. Many geographic areas within Madison County and its neighboring jurisdictions may be affected simultaneously.
- D. A pandemic will pose significant threats to human infrastructure responsible for critical community services (in health and non-health sectors) due to widespread absenteeism.
- E. Effective preventive and therapeutic measures (vaccines and antiviral medications) may be in short supply.
- F. There may be critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of bodies and other resources.
- G. Assuming that prior influenza vaccination(s) may offer some protection (even against a novel influenza variant) the annual influenza vaccination program, supplemented by Pneumococcal vaccination when indicated, will remain a cornerstone of prevention.
- H. Surveillance of influenza disease and virus will provide information critical to an effective response.
- I. The Federal government will likely not assume the costs for purchase of vaccines, antiviral medications and related supplies.
- J. An effective response to an influenza pandemic will require the coordinated efforts of a wide variety of organizations – private as well as public, and health as well as non-health related.

## **III. COORDINATION AND DECISION MAKING:**

During an Influenza Pandemic, the Madison County Health Officer will be responsible for implementation of activities outlined in this annex, under the direction of the State Epidemiologist. The Madison County Public Health Department will be responsible for coordinating vaccine distribution, and enhanced surveillance methods for the detection of influenza and for facilitating investigation and control interventions. The Health Officer or a designated person will report directly to the State Epidemiologist. The Health Officer, Public Health Administrator, and Public Information Officer will be responsible for coordinating pandemic influenza media-related activities.

This plan for responding to pandemic influenza will serve as an annex to the Madison county Emergency Response Plan. While this annex serves as a guide for specific influenza intervention

activities, during a pandemic the judgment of public health leadership, based on knowledge of the specific virus, may alter the strategies that have been outlined.

During a pandemic, DPHHS (Department of Public Health and Human Services), under the direction of the Center for Disease Control (CDC), will provide guidance to Madison County on vaccine availability and distribution. If the vaccine is in short supply, which is likely during a pandemic, the CDC, in conjunction with advisory committees, will provide guidance for a rank order listing or priority groups for vaccination. The current list of priorities can be found at [www.cdc.gov/flu/](http://www.cdc.gov/flu/).

#### IV. PHASES OF PANDEMIC INFLUENZA

PANDEMIC PHASE	DEFINITION
<b>Novel Virus Alert</b>	<ul style="list-style-type: none"><li>- novel virus detected in one or more humans</li><li>- little or no immunity in the general population</li><li>- <b>potential, but not inevitable precursor to a pandemic</b></li></ul>
<b>Pandemic Alert</b>	<ul style="list-style-type: none"><li>- novel virus demonstrates sustained person-to-person transmission and causes multiple cases in the same geographic area</li></ul>
<b>Pandemic Imminent</b>	<ul style="list-style-type: none"><li>- novel virus causes unusually high rates of morbidity or mortality in multiple, widespread geographic areas</li></ul>
<b>Pandemic</b>	<ul style="list-style-type: none"><li>- further spread with involvement of multiple continents</li></ul>
<b>“Second Wave”</b>	<ul style="list-style-type: none"><li>- recrudescence of epidemic activity within several months following the initial wave of infection</li></ul>
<b>Pandemic Over</b>	<ul style="list-style-type: none"><li>- cessation of successive pandemic “waves”, accompanied by the return (in the US) of more typical influenza cycles</li></ul>

#### V. SURVEILLANCE

Madison County’s Communicable Disease surveillance system is designed to quickly detect outbreaks of disease and identify the organisms involved in order to facilitate early public health intervention. The system has two main surveillance components; passive surveillance and active provider surveillance.

In the event of an influenza pandemic, additional surveillance activities will be implemented, including: daily monitoring of hospitals for influenza activity, analysis of syndromic surveillance data from participating health systems, review of non-hospital influenza related deaths, collection and analysis of vaccine and antiviral adverse event data, and increased coordination of surveillance activities with neighboring jurisdictions.

##### Passive Surveillance

Passive Surveillance utilizes influenza information received from medical care facilities and lab staff which, by the *Regulations for Disease Reporting and Control*, report communicable diseases of Madison County residents to the health department. This information is then relayed to the state health department, where it is tabulated weekly and forwarded to the CDC.

### Active Surveillance

Active Surveillance is active physician/provider surveillance. The staff of the MCPHD routinely makes bi-weekly phone calls to all providers and laboratories in Madison County for current communicable diseases. This information is then relayed to the state health department, where it is tabulated weekly and forwarded to the CDC. In the event of an outbreak of pandemic influenza, these calls would increase to weekly; and even daily phone contacts. Contact lists would include healthcare offices, hospitals, daycares, schools, rest homes and pharmacies for the purpose of current new diagnoses, absenteeism rates and keeping them abreast of information received from the CDC.

## **VI. ROLES AND RESPONSIBILITIES**

Madison County Public Health, under the direction and authority of the Health Officer, has the primary responsibility of planning and implementing the county-wide response to health threats. General activities of the MCPHD staff include:

1. Promotion of vaccinations for disease prevention.
2. Distribution of vaccine to public and private providers in community.
3. Surveillance for preventable adult and childhood diseases.
4. Provision of educational and motivational resources through community partnerships.
5. Assessment of vaccine coverage levels.
6. Quality assurance reviews of federally and privately purchased vaccine.

Specific responsibilities of MCPHD related to pandemic influenza preparation include:

### **Pre-Pandemic Phase:**

1. Evaluate adequacy of existing local infrastructure to respond to an Influenza epidemic.
2. Review current county emergency/disaster plans to find and remove barriers.
3. Work with local health care facilities to assess and improve health care worker immunization levels.
4. Conduct a county-wide inventory of space and site capacity to serve as triage centers, treatment centers, mass vaccination sites, or holding areas for acutely ill patients. The triage, mass vaccination sites, and holding areas are included in the County Emergency Response Plan, as well as capacity and contact information for each site.
5. Determine local morgue capacity. Identify facilities/resources with refrigerated storage to serve as temporary morgues if necessary.
6. Develop a plan, along with DPHHS, for accepting, storing, and distributing public sector vaccine and antiviral medications. **See Madison County SNS Plan**
7. Educate medical community and general population about nature and significance of pandemic influenza and the local response.
8. Work with community partners to develop and coordinate the local response to a flu pandemic.
9. Coordinate HAN or other communication resources with the Health Officer, Emergency Management Department, EOC, EMS, county hospitals administrators or emergency departments, local veterinarians.

**Novel Virus Alert Phase:**

1. Notify hospitals and local private and public partners of novel virus alert.
2. Notify local emergency management director of novel virus alert.

**Pandemic Alert Phase:**

1. Review pandemic influenza response plans.
2. Update hospitals, EMS, law enforcement, private and public partners.
3. Ensure that high-risk groups receive vaccine and antiviral medications.

**Pandemic Imminent:**

1. Review SNS Plan and distribution of vaccine.
2. Provide DPHHS with a list of vaccine distribution sites.
3. Enhance collection of clinical specimens and send to the MPHL (Montana Public Health Laboratory).
4. Contact hospitals and area vaccine providers to review their plans for distribution and administration of vaccine.
5. Administer vaccine, once vaccine is available.

**Pandemic Phase:**

1. Coordinate use of available local resources during pandemic, including private, public and volunteer resources.
2. Report pandemic-related information, including influenza data obtained from hospitals and providers to DPHHS regularly.
3. Assess effectiveness of local response and available local capacity.
4. Administer vaccine, once vaccine is available.
5. Work with county hospitals to monitor emergency departments for influenza activity.

**Second Wave:**

1. Continue all activities listed under Pandemic phase.
2. Review, evaluate, and modify as needed, the local pandemic response, and report to DPHHS.
3. Continue to vaccinate.
4. Monitor resources and staffing needs.

**Pandemic Over:**

1. Assess local capacity to resume normal public health functions.
2. Assess local capacity to resume normal health care delivery.
3. Assess fiscal impact of pandemic response.
4. Report results of assessment to County Commissioners and Board of Health.
5. Report results of assessment to DPHHS.
6. Modify the local Pandemic Influenza Response Plan based on lessons learned.

**VII. COMMUNICATIONS**

The information officer, along with the Health Officer or designated person's duties will consist of:

1. Direct media and public communications for the MCPHD/EOC; attend briefings on a regular basis, and/or maintain close contact with the State Epidemiologist and Medical Officer to obtain updated information.
2. Relay new information to the public and media on a timely basis; arrange press

- briefings as needed.
3. Coordinate releases with the Health Alert Network Coordinator to assure consistent information is released on the website and with Health Alert distributions.

## **VIII. VACCINE MANAGEMENT**

### **Storage Options**

The Madison County Public Health Department has three storage options in the event pandemic influenza necessitates mass vaccination:

1. Madison Valley Hospital
2. Ruby Valley Hospital
3. Ennis Schools Bus Barn

### **Guidelines for Storage**

1. Refrigerate immediately upon arrival.
2. *Storage Requirements:* Influenza vaccine should be refrigerated at 2° to 8° C (35° to 46° F) **Do not freeze.**
3. *Shelf Life:* Vaccine is formulated for use within the current influenza season.
4. *Shelf Life After Opening:* Vaccine is viable until outdated if not contaminated.

## **IX. MASS CARE & Clinic Sites**

See Appendix A.

## **X. MASS VACCINATION AND PROPHYLAXIS**

For mass vaccination and prophylaxis strategies, logistics and clinic set-up, refer to the MCPHD Emergency Operations Plan.



**Appendix A:**  
**Mass Care Sites & Mass Clinic Sites**

**Mass Care-Shelter Sites/Capacities/Contact Information**

Sheridan High School Gymnasium & Sheridan Elementary Gym & Lunchroom	<i>~1,000</i>	Tony Graham, 842-5302, 842-5401
Ennis High School & Ennis Elementary Gym & Bus Barn	1,200	Doug Walsh, 682-4258
Virginia City Gymnasium	500	Jim Jarvis, 843-5321
Harrison School Gymnasium	100	Dan Rask, 685-3428
Twin Bridges School Gymnasium	500	Dave Whitesell, 684-5656

**Mass Clinic Sites/Capacities/Contact Information**

Ruby Valley Hospital & Clinic - Sheridan	<i>~25</i>	842-5454
Madison Valley Hospital & Clinic – Ennis	<i>~20</i>	682-4274
Community Medical Center-Twin Bridges	<i>~10</i>	684-5546
Madison Valley Baptist Church – Ennis	<i>100</i>	682-4244
Latter Day Saints Church – Ennis	<i>100</i>	682-4911
Rocky Mountain Baptist Church – Ennis	<i>300</i>	682-4949
Assembly of God Church – Ennis	<i>500</i>	682-7221
Madison Valley Presbyterian Church – Ennis	<i>350</i>	682-4355
St. Patrick's Catholic Church – Ennis	<i>300</i>	842-5588
Shepherd of the Hills Lutheran – Ennis	<i>50</i>	682-4910
Trinity Episcopal Hall – Jeffers	<i>200</i>	682-4199
St. Joseph's Catholic Church- Sheridan	<i>50</i>	842-5588
Assembly of God – Sheridan	<i>100</i>	842-5845
Latter Day Saints Church – Sheridan	<i>100</i>	842-5860
Bethel United Methodist Church – Sheridan	<i>??</i>	842-5934
Ruby Valley Baptist Church – Sheridan	<i>??</i>	842-5602
St. Joseph's Catholic Church – Sheridan	<i>??</i>	842-5588
New Beginnings Christian – Sheridan	<i>100</i>	842-5845
St. Mary's Catholic Church – Laurin	<i>30</i>	842-5588
Church of the Valley – Twin Bridges	<i>??</i>	684-5200
Jehovah's Witnesses Church – TB	<i>??</i>	684-5428
Mountain View Southern Baptist – TB	<i>??</i>	684-5217
St. Paul's Episcopal Church – Virginia City	<i>30</i>	843-5296

Note: Numbers in italics indicate estimates, these figures not determined according to American Red Cross criteria.

Local motels/lodging establishments may be considered for shelter purposes

## **Appendix B: Hospitals & Facilities**

### **Ruby Valley Hospital**

Hospital Beds:	10
ICU:	1
Ventilators:	0
MD's:	2
PA's:	1
RN's:	6
LPN's:	1
Ambulances:	3

\*\*There are also ambulances in Alder and 2 in Twin Bridges. Virginia City has a QRU.

### **Madison Valley Hospital**

Hospital Beds:	9
ICU:	1
Ventilators:	0
MD's:	2
PA's:	1.5
RN's:	4 FTE, 3 PTE, 3 Per Diem
LPN's:	2 PTE, 2 Per Diem
Ambulances:	2

\*\*There is also a QRU in Harrison.

### **Morgue:**

K & L Mortuaries (Twin Bridges, Sheridan, Ennis & Harrison): Max. Cap. 5

\*\* No refrigeration, plan to use refrigerated trucks for surge capacity